



STORK APP



**STORK CLUB
MEMBERSHIP APPLICATION**

Candidate: _____

Certification Level: _____ Certification #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No.: () _____ S.S.#: _____

Chief Administrator: _____

Provider Affiliation: _____

Provider Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: () _____

Infant's Date of Birth: _____

Sex: _____ Male _____ Female

ATTACH RUN REPORT or NEWSPAPER ARTICLE

Return to:

Debbie Gibbons
State Emergency Management Agency
302 W. Washington Street, Rm 208
Indianapolis, Indiana 46204